

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

| | | | |
|-----------------------|--|--------------------------------|---------------------------|
| SUBMISSION ID: | 1075393 | STATUS: | Original |
| FACILITY: | Dovetail Energy LLC - Anaerobic Digestion Facility | PERMIT NUMBER: | 1IN00305*AD |
| LOCATION: | 1156 Herr Rd Fairborn, OH 45324 | STATION CODE: | 581 |
| COUNTY: | Greene | MONITORING PERIOD : | 2021-07-01 To: 2021-07-31 |
| DISTRICT: | SWDO | REPORTING LAB: | Masi |
| | | ANALYST: | Cheryl Rex |
| | | NO DISCHARGE INDICATOR: | |

| PARAMETER | Biochemical Oxygen Demand, 5 Day | pH | Oil and Grease, Hexane Extr Method | Ammonia (NH3) In Sludge | Nitrogen Kjeldahl, Total In Sludge | Phosphorus, Total In Sludge | Potassium In Sludge |
|---|--|-----------|------------------------------------|--|------------------------------------|--|---------------------|
| PARAMETER CODE | 00310 | 00400 | 00552 | 00611 | 00627 | 00668 | 00938 |
| UNITS | mg/l | S.U. | mg/l | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
| 2021-07-01 | | | | | | | |
| 2021-07-02 | | | | | | | |
| 2021-07-03 | | | | | | | |
| 2021-07-04 | | | | | | | |
| 2021-07-05 | | | | | | | |
| 2021-07-06 | | | | | | | |
| 2021-07-07 | | | | | | | |
| 2021-07-08 | 43000 | 6.48 | 7180 | 30000 | 46400 | 17700 | 9460 |
| 2021-07-09 | | | | | | | |
| 2021-07-10 | | | | | | | |
| 2021-07-11 | | | | | | | |
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| 2021-07-29 | | | | | | | |
| 2021-07-30 | | | | | | | |
| 2021-07-31 | | | | | | | |
| Minimum | 43000.0 | 6.48 | 7180.0 | 30000.0 | 46400.0 | 17700.0 | 9460.0 |
| Maximum | 43000.0 | 6.48 | 7180.0 | 30000.0 | 46400.0 | 17700.0 | 9460.0 |
| Average | 43000 | | 7180 | 30000 | 46400 | 17700 | 9460 |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
| Jeffrey Williamson | | | | | | Certification Version Date 2021-08-20 13:08 | |

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| | Fairborn, OH 45324 | REPORTING LAB: | Masi |
| COUNTY: | Greene | ANALYST: | Cheryl Rex |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | |

| PARAMETER | Arsenic, Total In Sludge | Cadmium, Total In Sludge | Copper, Total In Sludge | Lead, Total In Sludge | Nickel, Total In Sludge | Zinc, Total In Sludge | Selenium, Total In Sludge |
|---|--|--------------------------|-------------------------|--|-------------------------|--|---------------------------|
| PARAMETER CODE | 01003 | 01028 | 01043 | 01052 | 01068 | 01093 | 01148 |
| UNITS | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
| 2021-07-01 | | | | | | | |
| 2021-07-02 | | | | | | | |
| 2021-07-03 | | | | | | | |
| 2021-07-04 | | | | | | | |
| 2021-07-05 | | | | | | | |
| 2021-07-06 | | | | | | | |
| 2021-07-07 | | | | | | | |
| 2021-07-08 | 2 | .60 | 166 | 2 | 8 | 465 | 6 |
| 2021-07-09 | | | | | | | |
| 2021-07-10 | | | | | | | |
| 2021-07-11 | | | | | | | |
| 2021-07-12 | | | | | | | |
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| 2021-07-29 | | | | | | | |
| 2021-07-30 | | | | | | | |
| 2021-07-31 | | | | | | | |
| Minimum | 2.0 | 0.6 | 166.0 | 2.0 | 8.0 | 465.0 | 6.0 |
| Maximum | 2.0 | 0.6 | 166.0 | 2.0 | 8.0 | 465.0 | 6.0 |
| Average | 2 | 0.6 | 166 | 2 | 8 | 465 | 6 |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| | Fairborn, OH 45324 | REPORTING LAB: | Masi |
| COUNTY: | Greene | ANALYST: | Cheryl Rex |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | |

| PARAMETER | Fecal Coliform in Sludge | Sludge Fee Weight | Sludge Weight | Sludge Solids, Percent Total | Mercury, Total In Sludge | Molybdenum In Sludge | |
|--|--|----------------------|---------------|---|-----------------------------|---|--|
| PARAMETER CODE | 31641 | 51129 | 70316 | 70318 | 71921 | 78465 | |
| UNITS | MPN/G | dry tons | Dry Tons | % | mg/kg | mg/kg | |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | |
| SAMPLING TYPE | Composite | Total | Total | Composite | Composite | Composite | |
| 2021-07-01 | | | | | | | |
| 2021-07-02 | | | | | | | |
| 2021-07-03 | | | | | | | |
| 2021-07-04 | | | | | | | |
| 2021-07-05 | | | | | | | |
| 2021-07-06 | | | | | | | |
| 2021-07-07 | | | | | | | |
| 2021-07-08 | AA5.0 | 78.97 | 78.97 | 5.2 | .12 | 7 | |
| 2021-07-09 | | | | | | | |
| 2021-07-10 | | | | | | | |
| 2021-07-11 | | | | | | | |
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| 2021-07-28 | | | | | | | |
| 2021-07-29 | | | | | | | |
| 2021-07-30 | | | | | | | |
| 2021-07-31 | | | | | | | |
| Minimum | 0.0 | 78.97 | 78.97 | 5.2 | 0.12 | 7.0 | |
| Maximum | 0.0 | 78.97 | 78.97 | 5.2 | 0.12 | 7.0 | |
| Average | 0 | 78.97 | 78.97 | 5.2 | 0.12 | 7 | |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| LOCATION: | Digestion Facility | STATION CODE: | 584 |
| | 1156 Herr Rd | MONITORING PERIOD : | 2021-07-01 To: 2021-07-31 |
| | Fairborn, OH 45324 | REPORTING LAB: | N/A |
| COUNTY: | Greene | ANALYST: | jeffrey williamson |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Biochemical Oxygen Demand, 5 Day | pH | Oil and Grease, Hexane Extr Method | Ammonia (NH3) In Sludge | Nitrogen Kjeldahl, Total In Sludge | Phosphorus, Total In Sludge | Potassium In Sludge |
|--|--|-----------|------------------------------------|---|------------------------------------|---|---------------------|
| PARAMETER CODE | 00310 | 00400 | 00552 | 00611 | 00627 | 00668 | 00938 |
| UNITS | mg/l | S.U. | mg/l | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
| 2021-07-01 | | | | | | | |
| 2021-07-02 | | | | | | | |
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| 2021-07-29 | | | | | | | |
| 2021-07-30 | | | | | | | |
| 2021-07-31 | | | | | | | |
| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Arsenic, Total In Sludge | Cadmium, Total In Sludge | Copper, Total In Sludge | Lead, Total In Sludge | Nickel, Total In Sludge | Zinc, Total In Sludge | Selenium, Total In Sludge |
|--|--|--------------------------|-------------------------|---|-------------------------|---|---------------------------|
| PARAMETER CODE | 01003 | 01028 | 01043 | 01052 | 01068 | 01093 | 01148 |
| UNITS | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
| 2021-07-01 | | | | | | | |
| 2021-07-02 | | | | | | | |
| 2021-07-03 | | | | | | | |
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| 2021-07-31 | | | | | | | |
| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| | Fairborn, OH 45324 | REPORTING LAB: | N/A |
| COUNTY: | Greene | ANALYST: | jeffrey williamson |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Fecal Coliform in Sludge | Sludge Fee Weight | Sludge Weight | Mercury, Total In Sludge | Molybdenum In Sludge | | |
|---|-----------------------------|--|---------------|-----------------------------|---|--|---|
| PARAMETER CODE | 31641 | 51129 | 70316 | 71921 | 78465 | | |
| UNITS | MPN/G | dry tons | Dry Tons | mg/kg | mg/kg | | |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | | |
| SAMPLING TYPE | Multiple Grab | Total | Total | Composite | Composite | | |
| 2021-07-01 | | | | | | | |
| 2021-07-02 | | | | | | | |
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| 2021-07-28 | | | | | | | |
| 2021-07-29 | | | | | | | |
| 2021-07-30 | | | | | | | |
| 2021-07-31 | | | | | | | |
| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div> | | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time |
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LOCATION:

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Digestion Facility
1156 Herr Rd
Fairborn, OH 45324

PERMIT NUMBER:

MONITORING PERIOD :

1IN00305*AD
2021-07-01 To: 2021-07-31

PARAMETER COMMENTS:

| Station Code | Parameter Name | Parameter Code | Date | Unit | Comment |
|-----------------|-------------------|-------------------|------|------|---------|
|-----------------|-------------------|-------------------|------|------|---------|